

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1					
12						
13						
14						
15						
16						
17						
18						
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20	1					
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48						
49						
50						
TOTAL IND.			↓		↓	
TOTAL DEP.			↔		↔	
TOTAL CLAIMS						

*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
55					
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96					
97					
98					
99					
100					
TOTAL IND.			↓		
TOTAL DEP.			↔		↔
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS